

(c) The Government of India launched National Rural Health Mission on 12th April 2005 throughout the country. The Mission aims at provision of comprehensive and integrated primary healthcare to the people, especially to the rural poor, women and child/en to improve their health state.

Donation received on AIDS campaign

2638. DR. K. MALAISAMY:
SHRIC. PERUMAL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) how much money was received from abroad by way of donation/ assistance to deal with AIDS problem and how much was spent during the last three years and for how much money utilisation report was given;

(b) whether it is a fact that many of the proposals of his Ministry was rejected by the World Bank during 2005 on the ground of non-utilisation of funds already given;

(c) if so, the reasons for increase in deaths despite availability of abundant funds; and

(d) what is the road map planned to effectively and quickly utilise these funds to tide over the dreadful menace?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The amount received and utilized by the National AIDS Control Programme during the last 3 years is as under:

(Rs. In crores)

Donor Agency	Form of Assistance	Expenditure 2003-04	Expenditure 2004-05	Expenditure 2005-06
US-AID	grant	16.99	25.84	24.98
DFID	grant	23.65	32.41	113.91
GF-ATM	grant	-	3.70	96.53
World Bank	IDA loan	130.30	107.91	233.41

(b) No proposal related to the National AIDS Control Programme was rejected by World Bank during 2005 on grounds of non-utilization of funds.

(c) The number of reported deaths due to AIDS for last three years are as under:

Year	No. of reported deaths
2003	1717
2004	1353
2005	1419

(d) State-wise annual action plans have been prepared with specified goals. These are being monitored through routine reports, field visits and periodic review meetings with concerned state officers.

Health problem of people living around coal mines

2639. SHRI RUDRA NARAYAN PANY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that families living in and around coal mines in the country are facing health hazards;

(b) if so, the details thereof;

(c) diseases prevalent in and around Talcher and IB Vally Coal mines in Orissa; and

(d) which agencies are deployed to treat the affected families of the workers of these coal mines and the details of budget allocated to face the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATIPANABAKA LAKSHMI): (a)and(b) Persons working in coal mines are exposed to occupational health hazards like airborne dust, gas, noise etc. In addition, exposure to excessive heat is also an important health hazard in summer season. Mining activities causes deterioration in quality of environment which also affects the health of people living around the coal mines areas.

(c) Disease prevalent in Talcher and IB Vally Coal mines in Orissa are:—

- * Coal Workers Pneumoconiosis;
- * Noise induced hearing loss;
- * Various respiratory ailments';
- * Musculoskeletal Disorders;